which the sulphur cannot be applied in the mode above specified, Dr. Fuller orders the compound sulphur ointment to be rubbed in for twenty minutes, night and morning. In rheumatic affection of the shoulder-joints, and in those instances in which the pain remains fixed about the insertion of the deltoid muscle, Dr. Fuller assures us that no external application proves equally useful; and, as he has two patients at present under his care at St. George's Hospital, for whom he has prescribed this remedy, we hope, ere long, to be able to confirm this statement. The value of sulphur externally in sciatica is dwelt upon at some length in the second edition of Dr. Fuller's work, and a case we have recently observed under his care at the hospital bears out the statements there made as to its efficacy. The patient, a man 33 years of age, had been suffering from sciatica on the left side nearly nine months, and had been under treatment during the greater part of that time. The usual remedies had been employed without success, and the man's health was beginning to fail. Dr. Fuller prescribed full doses of the sesquioxide of iron internally, and applied sulphur externally, in the manner already specified. In little more than a week the pain was much relieved, and had ceased altogether in less than a month. The doctor remarked that this case was one only out of many in which he had observed the greatest benefit from the external use of sulphur, but that the remedy is not equally successful in all instances. When the case is attended with feverishness, and with acute pain, even when the limb is at rest, he has never seen relief result from its employment, nor has he when the skin is dry and inactive. In such cases, the sulphur remains unabsorbed for many days or even weeks, and is, therefore, incapable of exerting its curative action. But when there are no symptoms of active disease, when the pain is of a dull, aching character, and is felt chiefly, if not solely, when the limb is in motion; and when, more especially, the skin acts freely and the sulphur is rapidly absorbed, so as to require renewing every third or fourth day, then, according to Dr. Fuller's observation, nothing proves so serviceable as the sulphur bandage.—*Med. Times and Gaz.*, Jan. 24, 1857.

27. *Treatment of Itch.*—Dr. SCHUBERT states that he always treats itch, both in private and hospital practice, by soft soap and salt. Eight ounces of the former and four of the latter are dissolved in a quart of water, the patient being well rubbed with the warm solution night and morning. It is rather a painful application, but a cure results in three or four days, and often sooner, except in very inveterate cases, when some more days are required. The skin is afterwards well cleansed in a bath, or with soap and water.—*Med. Times and Gaz.*, Dec. 27, 1856, from *Medicin. Zeitung*, No. 28.

28. *Rottlera Tinctoria as a Remedy for Tapeworm.* By Dr. THOS. ANDERSON, Ass. Surg.—The Rottlera tinctoria is a species of euphorbiaceous plant found in the hilly parts of India, as along the base of the Himalayas from Assam to near Peshawur, in Central India, at the Northern Cercars, in Mysore, and at Parell Hill, near Bombay. In its habit it is almost arborescent, growing to twenty or thirty feet high. The substance called kamila, obtained by brushing the powder off the capsules of this plant, has long been known in India as a dye, and it is also occasionally used by the natives as a vermifuge; this latter property is supposed by Dr. Royle to depend upon the stellate hairs found in the powder. Dr. Anderson mentions that his attention was first called to the medicinal properties of this substance by Dr. Gordon, of the 10th Regiment, who had met with great success in employing it as a remedy for tapeworm. Dr. Anderson afterwards employed it himself for the expulsion of the same parasite in the case of several men of his own regiment. The powder is of a dark brick-red colour, with a peculiar heavy odour, increased on its being rubbed between the fingers. Its physiological action is very simple: on an adult the powder in a dose of ʒij or ℥ss, besides purging, very often causes nausea and vomiting, and in some cases griping; its action on the bowels, however, is very variable, producing from four to ten or fifteen stools even when a dose of ʒiij has been administered. A strong ethereal or alcoholic tincture, besides acting more mildly, is followed by more uniform effects. Dr. Anderson found that an

amount of the tincture sufficient to produce the full anthelmintic effect of the drug was never followed by more than six stools, and always acted without griping. After ʒiij of the powder have been administered, the worm is usually expelled in the third or fourth stool. It is generally passed entire, and almost always dead, and in about fifteen cases examined by Dr. Anderson he was unable to detect the head. The vermifuge properties of *rottlera tinctoria* have been attested in a large number of cases. Dr. M'Kinnon has mentioned sixteen successful cases in a paper published by him, and he has since administered the powder to nearly fifty patients, out of whom there were only two cases in which no worm was expelled. Dr. Gordon has tried the remedy in thirty cases of tapeworm with uniform success. The dose of the powder of the kamila which seems to act most satisfactorily is ʒiiss to ʒiij in an adult; and ℥ss of the alcoholic tincture is the dose which is followed by the most successful effects.—*Indian Annals of Med. Sc.*, Oct., 1856.

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29. *Medicinal use of Mora Excelsa and Eryngium Fœtidum.*—Dr. Hargrave brought under the notice of the Surgical Society of Ireland (Feb. 7, 1857) the effects of some medicinal agents, with which he had been supplied by Mr. Moore, the curator of the Royal Dublin Society's garden. He first alluded to the *Mora Excelsa*, a decoction of which—℞. Corticis moræ excelsæ ʒij; aquæ fontanæ ℥viij; decoque ad ℥vj—he had found of the greatest service in the cleansing and healing of fetid ulcers. The bark of the mora excelsa had been brought from Guiana, and presented to the gardens of the Royal Dublin Society by Mr. Mac.

Dr. Hargrave next alluded to the *Eryngium Fœtidum* or *Fitweed*, from the West Indies, which had been much praised for its utility in cases of hysteria and similar affections. Dr. Hargrave had tried it in a very severe case of prolonged singultus, which had resisted the ordinary modes of treatment, and it proved perfectly successful. ℞. Eryngii fœt. ʒij; aquæ puræ ℥viij; decoque ad ℥vj; capiat ℥j, ter in die.—*Dublin Hospital Gaz.*, Feb 15, 1857.

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30. *On the Medicinal Effects of Ammonia and its Preparations.*—Dr. Ogier Ward read a paper on this subject before the Medical Society of London (Jan. 24, 1857). Ammonia has never been considered to be a normal constituent of the blood, as its presence had not been detected except after death in cases of typhus, cholera, melæna, and other diseases of a putrid character, until Dr. Richardson's recent discovery that healthy blood owes its fluidity to the presence of ammonia, which is given off during its coagulation, which process may be arrested, and the fibrin re-dissolved, by the restoration of the alkali. An interesting inquiry here suggests itself; how does the ammonia escape from the body during the coagulation of the blood, and how is it retained in those instances in which the blood remains fluid after death? Assuming the truth of Dr. Richardson's views, the author examined and compared the therapeutic effects of the various preparations of ammonia; and he has found that, whether applied externally or taken inwardly, they possess in common the property of dissolving the proteine elements of the blood, whether in the vessels or effused into the tissues; and thus confirm the experiments of Dr. Richardson. This similarity in the effect of ammoniacal medicines is owing to their ready decomposition, the ammonia being separated, and forming the chief curative agent, though it is aided by the other substances originally combined with it. Thus its stimulant and solvent action is similar in kind, if not in degree, when used either externally or inwardly in the form of gas, liquor ammonia, or combined with carbonic acid, &c. From the utility of these preparations in the treatment of venomous bites and stings, inflammatory swellings, diphtheritis, croup, &c., we may suppose that they will be equally efficacious in urticaria, erythema nodosum, and erysipelas, in which there is an effusion of the fibrinous elements of the blood. In these and other inflammatory diseases and conditions, it is probable that the ammonia is carried out of the system in the form of urea or lithate of ammonia contemporaneously with the increase of fibrine in the blood; and that the benefit of the salts of ammonia in such cases is owing to their preventing or removing the effusion of fibrin from the inflamed parts. In this